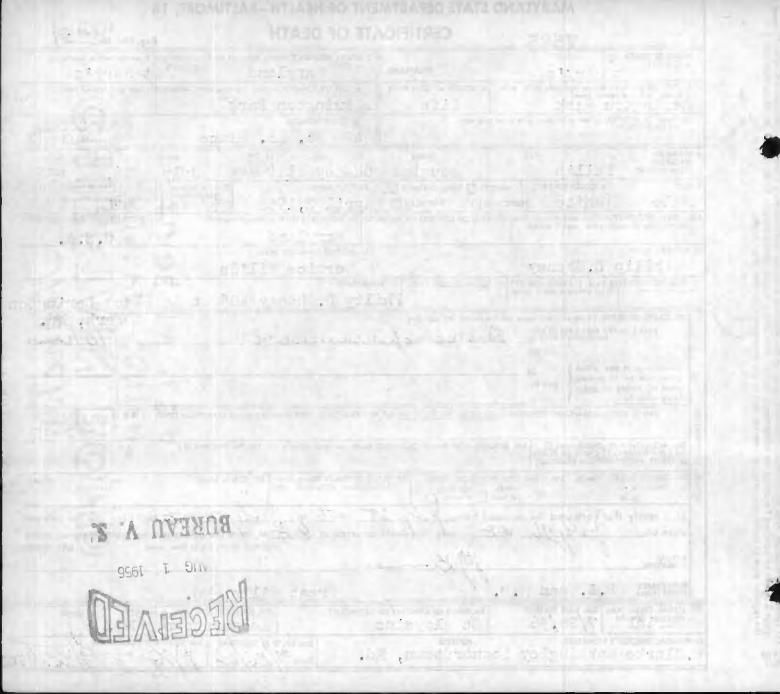
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

BUREAU V. E. 9961 81 701

		ATE OF DEATH  Reg. Dief. No.
1.	PLACE OF DEATH C. COUNTY St Mary's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St Mary's
L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lexington Park  c. LENGTH OF STAY IN 1b  Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lexington Park
1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS 408 St. Lo. Place  o. IS RESIDENCE ON A FARM? YES \( \subseteq \) NO \( \subseteq \)
3.	NAME OF DECEASED (Type or print) Philip Douglas	Cheney 11 4. DATE Month Day Year DEATH July 26, 1956
Ĺ	Male   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     NEVER MARRIED     NEVER MARRIED   NEV	B. DATE OF BIRTH  April 2,1956  9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 24 Hrs. 24 Hrs. 24 Hrs. 24 Hrs. 24 Hrs. 24 Hrs. 25 Hours Min. 24 Hrs. 27 Hrs.
	Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY  Maryland
13	Philip H. Cheney	14. MOTHER'S MAIDEN NAME Bernice Willis
15	Yes, no, or unknown) a (1) yes, nive wer or dotes of service)	ilip D.Cheney 408 St Lo Place Lexingt
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (ct)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying cause last.  (c)	numain To have
PICATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPSY PERFORMED? YES NO   (D. (Enter noture of injury in Port 1 or Part II of Item 18.)
CAL CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Accordance in the control of the con
MEDI	Heur a. p	octory, street, office bldg., etc.) (City or town) (County) (Stole)
	21. I certify that attended the deceased from alive an alive and that death actual signature.	ADDRESS (Street, city or town, store)  19.50, to 19.50, that I last saw the decease of occurred at 19.50, the causes and on the date stated above ADDRESS (Street, city or town, store)  DATE SIGNA
22	PHYSICIAN'S P. E. Bean M.D.  20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	Great Mills, Md.
	Mariani 7/26/56 St Aloysiu	s Leonardtown, Md.
	. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE /



deoth.

death certificate

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ive the money or a saled printing will

Company of the Company

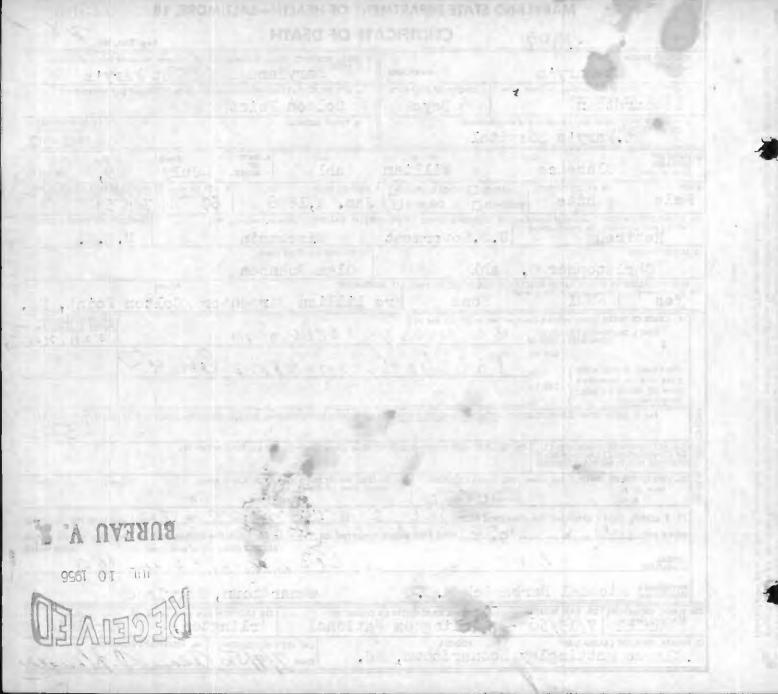
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41		PLACE OF DEATH O. COUNTY	St Mary's		MARYLAND	2. USUAL RESIDENCE	(Where deceased lived.		Residence before Mary	ore admission	on)
	F	b. CITY OR TOWN	(If outside corporate lim	its, write c. L	ENGTH OF STAY IN 16		(If outside corporate lim				
X		Leonar (	dtown		6 Days		Point		×		
78		d. NAME OF HOSE OR INSTITUTION SE	Mary's Ho	spital	PSS	d. STREET ADDRES	S		/	e. IS RESI	FARM?
		NAME OF DECEASED (Type or print)	Clarence	rst	Willian	n Dahl	4. DATE OF DEATH	July Month	9.		9 56
		Male	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED	B. DATE OF BIRTH Jan. 4,18			UNDER I YEAR		
1	100	USUAL OCCUPAT during most of we Reti	orking ine, even it retired	1)	of Business or Inc.	USTRY 11. BIRTHPLACE (S	tote or foreign country)		U.S.		COUNTRY
1	13.	FATHER'S NAME		27 - 3 - 7		14. MOTHER'S MAID					
[ ]	15.		er in U. S. ARMED FOR			Olga Jo	hnson	Address			
1	(Ye	1es	(If you was not or dotes of	tervice)		s Lillian	Campenter		ton Po	int	Ma
	2	Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	Ph		Grow to	sprin l			SET AND I	nu
2	IFICATION					JT NOT RELATED TO THE TO			IN PART 1(o)	PERFOR YES Z	MED?
	CERTIFI	OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	200. DESCRIBE	THOSE OCCUR	CD. (Chief notore of injury	IN PORT FOR PORT II OF IT	em (b.)			
	MEDICAL	20c. TIME OF INJU Hour Q. J1. p. m.	10	While	OCCURRED 20e.	PLACE OF INJURY (Home, factory, street, office bldg.,	farm, 20f. [City or tow etc.)	n)	(County)	-	(Stote)
1		alive on_A	that I attended the	1951	2 , and that dea	2, 19 Jb, to the occurred at 1-:	24 M, from the ADORESS [Street, city and the	causes and	hat I last so I an the da te)	te stated	decease d abave TE SIGNE
		PHYSICIAN'S IN NAME (Type)	Sichael Ba	rbaric	h M.D.	Leon	ardtown,	Maryla	and		
	720	RUPIAL CREMATI	ON. 226. DATE THEREC	3F 22-	NAME OF CEMETERY	On COCALATORY	22d. LOCATION (C			(Stote)	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death.

CERTIFICATE OF DEATH

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			MARY	AND	STATE DEPA	RTM	ENT OF H	HEALTH-	BALTIM	ORE, 18	c. 84.5m	0.0
			758	39	CERT	FICA	TE OF	DEATH		Re	(175 g. Dist. No.	185
	1.	COUNTY ST	Maty's		MAR	(LAND	a. STATE	IDENCE (Where daryland		COUNTY	Residence before t.Mary	· ·
		RURAL ond give	(If autside carporate limit nearest town)	ts, write	c. LENGTH OF STAY			TOWN (If outside				
) ×	L		orge Islan		48 Year	·s	St Geo	orge Is	land		340	IC OCCUPANCE
17%.		OR INSTITUTIO	N	ive silver o	ogress)		d. Sikeel	ADDRESS				ON A FARM? YES NO X
		NAME OF DECEASED (Type ar print)	Ruth	st	Middle		Fer		OATE OF DEATH	Manih July	18.	Year 19 56
	5.	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 🔲	B. DATE OF BIRT		9 AGE			FUNDER 24 HRS.
		<u>emale</u>	White	WIDOWED		_	Aug. 2	7,1889		56 yrs.		
, ,	100	during mast of w	TION (Give kind of work or arking life, even if retired	dane 10b. K I	IND OF BUSINESS C	R INDUS						WHAT COUNTRY
- /	12	HOUSE FATHER'S NAME	Wile		Home			MARYLAI  S MAIDEN NAME			U.S.	A
_	13.	PATRICK 3 PIAME	MATORS A	о т	PURCELI.		REBEC			П		
1	15.	WAS DECEASEDE	VER IN U. S. ARMED FOR	~ .	OCIAL SECURITY NO	),   17. IN	NFORMANT	OA IN	יוננוען	Address	,	
1	1	na, or unknown)	NONE	ervice)	IONE			TINSLEY	ST		GE ISL	AND MD.
			immediate	C	s for (o), (b), and (c)	*	oful	Lus			ONSE	YAL BETWEEN T AND DEATH
	z	lying cause las	1. } {c	)	SALE SALE MISSION	ATA BUT	NOT DELATED TO	O THE TENANTAL I	Discourage Court			Was Allegeed
0	FICATION		OTHER SIGNIFICANT CON									WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRED	(Enter nature i	af injury in Part I	or Part II of it	lem 18.)		
	MEDICAL	20c. TIME OF INJ Haur a. ji p. m	l. 10	20d. IN. While at wark	Nat white at work	20e. PLA foc	CE OF INJURY lary, street, affic	(Hame, form, 20 e bldg-, etc.)	f. (City or tow	n]	(County)	(State)
		21. I certify alive on	that hattended the	decease		death	accurred at	930PM			on the date	the decease
1		ACTUAL SIGNATURE	0 (	J.	M		4.D	~~~~~~~~~~				7/19/50
		PHYSICIAN'S NAME (Type)	P.J.BEAN		M.D.		14	AT MILI	ls M	ARYLAN	ID	( (
	L	BURIAL CREMAT	7/21/1	956			CREMATORY  XAVIE	R A	P. GEO	RGE IS	SLAND	(State) MD.
	23.	FUNERAL DIRECTO		T EV	LEONARD	TO DAY	MD.	240. REC'D/BY	1	24b. PEGISTRA	R'S SIGNATUR	107-
		I. CLARI	KE MATTING	LPL	PEONAUD	TOWN	LID.	DATE / [	106	11/3	al pag	min

EULEVU N. F.

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MINIED "

1		MENT OF HEALTH—BALTIMORE, 18
> 4	20, 20 & 200 annion 13,14 P. Leuce	'S CERTIFICATE OF DEATH Rog. Dist. No. 28
L	I. PLACE OF DEATH 7/23/35 dar.  O. COUNTY 7500 MARY S MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY CT TIAPY?
7	b. CITY OR TOWN (If autoide corporate limits, winte RURAL ond give nearest term)	
	BUSHWOOD T DAY  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	MASHINGTON D.C.  d. STREET ADDRESS  o. IS RESIDEN
W)		4822 ALABAMA AVE. S.E. YES NO
M	3. NAME OF DECEASED FIRST (NMI) F. GOODI	
	5. SEX  6. COLOR OR RACE  7. MARRIED THEYER MARRIED TOWNS THEY WILLIAM TO THE SERVICE TO THE SER	B. DATE OF BIRTH 19 1932 9. AGE (In years lead brithday) 13 Months Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  A.S. FOVERNMENT POST OFFICE	
	13. FATHER'S NAME ONK U.S. GOVT.	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	NYCHY Olivia ?
	YES (If yes, give war or dates of service) 577-13 = 1.565	Prince PEARL PARODMAN WASHINGTON . D.C
	18. CAUSE OF DEATH [Enter only one coute per line for (o), (b), and (c), ]	I DA RVAL BE WEEN
	PART I. DEATH WAS CAUSED BY:	Uning Juned
~ l	7 % 7 8 DUE TO	
T.	Conditions, if any, which gove rise to immediate cause (A) station the underlying DUE TO	
1	(a), stating the underlying Course last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED
0	200 FYSERNAL CALISE WAS 200 DESCRIBE HOW INTERPROPER	YES NO
	E PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED UCLOSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. P	LACE OF INJURY (Home, form, 120f. (City or town) (County) (Sto
1	Hour a.m. 19 While Not while of work of work	octory, street, affice bidg., etc.)
	21. I certify that I took charge of the remains described al	
	death resulted from Natural causes . Accident . S	uicide, Homicide, Undetermined cause
	ACTUAL VI MALE YOUR THEIR	CHIEF MEDICAL EXAMINER
<del>-</del>	SIGNATURE	ASSISTANT MEDICAL EXAMINER [] Kuly 5 195
DA DE	NAME (Type) ROY J. GUYTHER M.D.	CLEAT DEPUTY MEDICAL EXAMINER
D TO	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 7/11/1956 NOODLAWN	OR CREMATORY 22d. LOCATION (City, town, or county) (1) 1(SINT).  APLIANTON Not WASHINGTON // D.C.
(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  W OT ADDER BLADDET NICT BY TEODER D.	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
	W. CLARKE MATTINGLEY, LEONARDTO	VN. MID. DATE 7/5/56 (flam X). Haces

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Rejidence before admission) a. COUNTY St Mary's o. STATE New York b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. City OR TOWN (If autside corporale limits, write RURAL and give nearest town) Leonardtown D.O.A. Long Island d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St Mary's Hospital B348 - 101street Corona. YES NO 3. NAME OF 4. DATE DECEASED Tda B. (Type or print) Gregory DEATH July 19 56 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Colored Female WIDOWED DIVORCED T March 29.18**89** 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working bie, even if retired)
HOUSEWLIE Home New York U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Aridress (Yes, no. or unknown) Horace J. Gregory 3348 101 st. Corona, None Long Island, New York 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which olang gove rise to immediate course DUE TO (a), stating the underlying couse last. & PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS PERFORMED? NO D 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING TO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) fectory, street, office bldg., etc.) While Not while a. m. of work of work 21. I certify that I took charge of the remains-described above, held an Autopsy ... Inspection , Inquiry , and find that death resulted from: Notural causes 17, Accident , Suicide , Homicide , Undetermined cause ACTUAL DATE SIGNED 00 SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S P.J. Bean M.D. NAME [Type] DEPUTY MEDICAL EXAMINER N O DEPU cute 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Woodlawn New York ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15ME(5) W. Clarke Mattingley Leonardtown . Md. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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7			MARY	LAND	STATE DEPAR	MEN	IT OF HEALTH	H-BAL	TIMORE, 1	8	
\$ #			. • 7	592	CERTIFI	CAT	E OF DEATH	-1	,	Reg. Dist. 1	1728P
directo	1.	PLACE OF DEATH O. COUNTY ST	Mary's		MARYLAI		USUAL RESIDENCE (WI	and	l lived. If instituti b. COUNTY	C1 32	efore admission)
or funeral dire	Г	b. CITY OR TOWN RURAL and give t Rural Ho	(If outside corporate limerest town)	its, write	5 Vrs.		c CITY OR TOWN (If a			URAL and give	nearest town)
shauk Shauk	-		TAL (If not in hospital.	give street o			d. STREET ADDRESS	llywo	oou	/	8. IS RESIDENCE ON A FARM?
		NAME OF DECEASED	Mary	rat	Middle S.	!	Lest	4. DATE OF	. Mon		Day Year
Pages	5	(Type or print) SEX emale	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED		Guy ATE OF BIRTH  V. 9.1868	DEATH	9 AGE (In years lost birthday)	IF UNDER I YE	19 56 FAR IF UNDER 24 HRS. 4- Hours Min
on and completed completed completed control of the	L.	. USUAL OCCUPATI		done 10b. K	IND OF BUSINESS OR II				7.0		OF WHAT COUNTRY
77.	13.	FATHER'S NAME Robert			110-110	1	4. MOTHER'S MAIDEN N	IAME	Jov	Usa	S.A.
remons cor	15. (Ye		ER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16. S	OCIAL SECURITY NO.	7. INFO			Add	larvlar	nd
an please re			ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (		for (a), (b), and (c).]	G-6	dele	~		, 11	NTERVAL BETWEEN INSET AND DEATH
ermil. The		Conditions, if gove rise to	immediate (	, ye	realy	el	merica	AR	leno	43	10 you
cen sign ronsit p	Z O	lying couse last.  Part II. O1	The Under	c}(	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART 1(a	19. WAS AUTOPSY
e has b burial-tr remava	TIFICATION	200. ACCIDENT W	AS_UNDERLYING []	20b. DESCI	RIBE HOW INJURY OCC	IRRED ((	inter nature of injury in I	Port I or Port	It of item 18.)		PERFORMED? YES NO
on, or o	CAL CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye		JURY OCCURRED 200	. PLACE	OF INJURY (Home, form	20f. (City	or town)	(Coun	ly) (State)
r this c	MEDICAL	Hour a. ft. p. m.	19		Not while of work	factory	, street, office bldg., etc.		la ex		,,,
E: Afte toched toched burial,		21. I certify :	hat I attended the		7	ath ac	curred at 2:15		the causes a	nd an the a	saw the deceased date stated above
ld be de prior to		ACTUAL SIGNATURE			Pysiem	M.D	Great	additions (sh	Heel by	store)	DATE SIGNED
page 3 moul	227	PHYSICIAN'S NAME (Type)	P.J.Bean	M.I		-	Great	Mill			
Page The res	B	BURIAL CREMATIC REMOVAL (Specify	7/6/56	JF	St. Aloys			Leon	ardtown	, Mary	
N15 (4) 19/55	E	Clarke		y Le	onardtown,	Md		C 56	RAR 246. REGIS	STRAR'S SIGNA	TURE
							7	1		- 11	

Billy in K. B.

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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	282
	CE OF DEATH 1033 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before adm	ission)
	OUNTY 6. STATE b. COUNTY	,
I,	St. Marya    Maryland   St. Marya	num!
1	and give nearest town)	zwnj
1	Avenue 9 yrs. Avenue	
	AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS I	RESIDENCE
	Rural YES [	NO
	ME OF First Middle Last 4. DATE Month Day  EASED OF	Year
		19 56
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19 AGE (In years I FUNDER LYEAR IF UND	ER 24 HRS.
	male white WIDOWED DIVORCED 19 Nov. 1878 77 yrs. Months Days Hours	Min.
	UAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	COUNTRY
ı	ig most of working life, even if retired)	COOLINA
	Carpenter Building West Virginia USA	
	THER'S NAME 14. MOTHER'S MAIDEN NAME	
ı	David Hutsler Unknown	
	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5409 Wilson Lane	
	no Geo. B. Springston- Bethesda . Md.	
	CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	EEN
ı	PART I, DEATH WAS CAUSED BY:	ATH
	IMMEDIATE CAUSE (0) CONTROL CO	
4	DUE TO	
ı	ve rise to immediate couse (b)	0
ı	, storing the underlying DUETO	7
	use lost. (c)	
ı	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS	AUTOFSY DRMED?
	YES 🗆	NO D
ı	I. EXTERNAL CAUSE WAS  206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)	
I	MARY O or CONTRIBUTING O	
ı	. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f., [City or form) (County)	(Stole)
ł	Hour e. m. While Not while factory, street, office bldg., etc.]	
1		C Lat
ı		ring tho
	oth resulted from: Natural causes , Aceident , Svicide , Homicide , Undetermined couse .	
1	and the state of t	ETTEYSTE.
Ì	SHATURE M.D. CHIEF MEDICAL EXAMINER	
ı	ABSISTANT MEDICAL EXAMINER	
	AMINER'S J. Roy Guyther, MD GOOD DEPUTY MEDICAL EXAMINER OF	
	RIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stol	e)
I	MOVAL (Specify) Burial 7/31/56 All Saints Cometery Oakley, Maryland.	
	ADDRESS 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	
	Topposition Md 7/21/57/02	
1	. DATE // 3//3 Claud . DATE	MAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU W. S. 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17575
Reg. Dist. No. 252 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havrs after death. If any deliem is necessary, please execute? Certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral an ectar. Page 4 should be forw. It is the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your.

TO FUNERAL DIRECTOR: Page 3 should be used as a burjal-transit permit. Fire page, I and 2 with the registry. Lar to burial, cremation, M

5M 9/55

VS. A15ME(5)

d. COUNTY	t. Mary's		MARYL	AND	g. STATE Mar	(Where deced <b>vland</b>	sed fived. If Institu b. COUNT		ence bel	ore odmi	ssion)
b. City OR TOWN	If outside corporate firms,	, write RURAL	c. LENGTH OF STAY II	df v			rporate limits, write	RURAL on	d give n	earest for	wn)
	rington Pa				1	ington	Park				
d. NAME OF HOSPE	TAL OR INSTITUTIO	N (If not in ho	spital, give street address)	}	d STREET ADDRESS						A FARM?
					727	Chinl	ee Drive				NO K
NAME OF DECEASED		First	Middle		Lost	4. DATE	Month	1	Day	Υ	901
(Type or print)	R	obert	M.		Lewis	OF DEATH	Jul	Y	30	1	9 56
. SEX	6. COLOR OR RA	CE 7. MARR	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS
Male	White	WIDOWS	DIVORCED		Dec. 11 ,	1955	lost birthday)	Manths	Days	Hours	Min.
on USUAL OCCUPATI	ION (Give kind of w	ork dane 10b	KIND OF BUSINESS OR IN	<b>VDUSTR</b>	Y 11. BIRTHPLACE (Sto	ate or foreign	country]	12, CIT	IZEN O	TAHW	COUNTRY?
	none	•0)			Florida				USA		
3. FATHER'S NAME					14. MOTHER'S MAIDEN			,			
	Howard B	. Lewis			Bernite	a Hasse	ett				
5. WAS DECEASED ET	VER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address	72	7 Ch	inle	e Dr.
no.	(If yes, give war or date			Ho	ward B. Let	wis- Le	xington I				
18. CAUSE OF DEA	ATH [Enter only one	couse per line	for (a), (b), and (c).]						INTE	VAL BETWE	EN
PART 1. DEA	TH WAS CAUSED &	%. D41	steral Purn	loud	Obdada Na	22.			ONS	ו אוט טוט	III
	DUE			TEIL	LULLIL NO.	(1)		-	-		
Canditions, if											
gave rise to imme	ediate cause	(p)									
(o), sloting the	underlying DUE										
cause lost.	HER EIGABEIGANIT E	(c)	ONIT DIRLITING TO GENTLE	BUTAN	AT AFI 475A TA YUE YER	ALINIAL DIEFA	TE CONSTITUTION OF	Ch	V 24 1 2		
PARI II. OI	HER SIGNIFICANT C	ONULIONS C	ONTRIBUTING TO DEATH	BUI NO	JI KELATED TO THE TEK	WINALDISEA:	SE CONDITION GIV	EN IN PAR	1 1(0) 1	PERFO	RMED?
5		1								ES T	ио 🗌
PRIMARY OF CO	NTRIBUTING	20b. DESCRIE	E HOW INJURY OCCURR	ED. (En	ter nature of injury in P	ari I or Port I	f of item 18 )				
20c. TIME OF INJU	JRY Morth, Day,	Year 20d.	INJURY OCCURRED 204	- PLACE	E OF INJURY (Home, fo	rm, 120f (Cit	y or town)	(Co	unty)		(Stote)
Hour a.m.		19 of w	e Nat white	foctor	y, street, affice bldg., e	rtc.)					
		تنازيل المستخد	remoins described	abay	e, held on Autor	2cv [2]	Inspection .	Inqui	rv 🗆	and	find that
· ·			Accident .		ide . Hamicio		Indetermined c		). 1.	unu	THE THE
		AV.						-			
ACTUAL SIGNATURE	2an		hierh		M.D. CHIEF MEDICAL	EXAMINER [	]			DATE S	IGNED
					ASSISTANT MEDI	ICAL EXAMIN	ER 📆		7/	31/5	6
EXAMINER'S NAME (Type)	Paul F	Gueri	n. M.D.		DEPUTY MEDICA	L EXAMINER					
20. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THE		22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCA	ATION (City, town, o	or county)		(State	)
Burial	8/3/5	6	Holy Face	Ce			ceat Mill				
3. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			C'D BY BEGIS				E//	
1.10.1	Aukes	read	- Leonard	town	Md. DATE	X/3/	56 QU	and L	5/.5	La	MARK

7 ACEL & CIV

\*

4 55		7596 CERTIFICATE OF DEATH Reg. Dist.	No. 282
s offer depth: Page should be filed wit	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  LEONARDTO WN  3days  RURAL ABELL  6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  COUNTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	e nearest town)  o. IS RESIDENCE ON A FARM?
executed within 24 hause and completely filled and completely filled and death.	5. Si	AME OF First Middle Lost 4. DATE OF DEATH JULY  EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. DATE OF BIRTH WIDOWED DIVORCED Jan. 29, 1887 69 yrs  USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. CITIZE	Day Year  1956  FEAR IF UNDER 24 HRS  193 Hours Min.  N OF WHAT COUNTRY,
death certificate be extending physician and please remove carbon vithin 72 hours after d	15 V	Thomas Horris Dora Owens  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  OF OR OT UNINDOWN)   [If you, group for or dark of service)   Co. of unindown)   Co. of u	ryland INTERVAL BETWEEN
The law requires that the c g physician. t has been signed by the att urial-transit permit. Then p emaval, and in any event w	CENTIFICATION	PART I. DEATH WAS CAUSED BY:  LY LY X  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	(a) 19 WAS AUTOPSY PERFORMED? YES NO
ENDING PHYSICIAN: he haspital or attendir R: After this certificate oched for use as the E burial, cremation, ar r	MIDICAL	OR CONTRIBUTING   CAUSE OF DEATH    (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 120f. (City or lawn)    While   at work   at work   19   at work   19   19   19   10    21. I certify that I attended the deceased from   19   19   19   19   19   19   19   1	t saw the deceased
TO HOSPITAL OR ATTI may be produced by the TO FUNER DIRECTOI page 3 shauld be determine registror prior to be to b	22a.	ACTUAL SIGNATURE M.D. LEONARDTOWN MARYLA  BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7/14/1956 Sacred Heart Bushwood Ma	ND (Stote)
VS A15 (4) 15M 9/55	W	J. Clarke Mattingley Leonardtown Md. DATE 7/3/56 Clark	Hause

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		MARTLAN	D SIAIE DEPAKIM	ENI OF HEALIH	I-RALIIMO	KE, 18	73 Pg /
	L	7597	CERTIFICA	TE OF DEATH	I	Reg. Dist	. No. 28
15	١.	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. II	institutioni Residenci	e before admission)
1	П	St. Mary's	MARYLAND	I O. STATE	yland b. c	COLUMBA	Marv's
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits	, write RURAL and gi	ve nearest town)
*	1	ural, Lexington Park	50 min.	Rural - I	exington	Park.	
		d. NAME OF HOSPITAL (IF Gradofologye se	ospital,	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
,		ISNAS, Patuxent River	Maryland	Towncreek	Manor (C	aliforni	a) YES NO
	3.	NAME OF First	Middle	Lost	4. DATE	Month	Day Year
	L	(Type or print) Mary		MALEY	OF DEATH	July	29 19 56
	5.	SEX 6. COLOR OR RACE 7. MJ	ARRIED 🔲 NEVER MARRIED 🔀	B. DATE OF BIRTH	9. AGE (I		YEAR IF UNDER 24 HR
		Female Caucasianwoo		7-29-56		yrs. Months [	Pays Hours 150
ė ,	10	. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	% KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stole	or foreign country)	12 CITI2	EN OF WHAT COUNT
deoil deoil		None	None	Marylan	d	U	SA
ě	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
ğ		Robert G. O'MALEY		Genevie	ve Stanl	еу	
DOL .	115.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. H	FORMANT		Address U.S	.N.A.S.,
7		No	R.	G.O'MALEY,	Patuxen	t River,	Maryland
<u> </u>		18. CAUSE OF DEATH [Enter only one couse per					INTERVAL BETWEEN
3		PART I. DEATH WAS CAUSED BY. PR	EMATURE BIRTH	, NEONATAL	DEATH		55 Minut
		DUE TO		•			
É.		Conditions, if any, which ) (b)					
		gave rise to immediate DUETO					
	_	lying cause lost. (c)					
5	Į ģ	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART	1(0) 19 WAS AUTOPS
È	5						YES 🗍 NO 🎇
5	CERTIFICATION	20g ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING 20b. D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	). (Enter noture of injury in P	ort I or Port II of item	18.)	
<u> </u>	MEDICAL	· ·		CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(Co	ounty) (Stote
E B	MED		ile Not while 100 vork of work	tory, sireer, office bruger etc.			
t -•	1	21. I confify that I attended the dece	ased from 29 July	19 56 to 2	9 July	19 56 that 1 le	ist saw the decea
		alive an 29/July 19	56 And that death	accurred a 2945P	M. from the co	uses and an the	and ate stated abo
Ď D					DDRESS (Street, city of		DATE SIG
5		SIGNATURE LAND CO.	zack Zmann	station	Hospita	1.USNAS.	7-30-5
<u>.</u>				*****			
5		NAME (TYPO) John L. BROCK	MAN, LT MC US	NR. Patuxen	t River.	Marylan	d
_	22	REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY	22d. JOCATION (City	, town, or county)	(Stote)
<u> </u>	1 /				4		
9 0	6	Queual VILY 39193	6 Stalos	suce 1	XLOnor	down	mid
8 8 8 8	6	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS OF		BY REGISTRAR 24	down MEGISTRAR'S SIGN	NATURE /
	6	Queun VILLY 39193	ADDRESS STON	authoris DATE 7/	1000000 100000000000000000000000000000	down Legistrar's ofgh Pland	Value Vause

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1					MARY	LAND	STATE DEPA	ARTM	ENT OF HEA	LTH-BAL1	IMORE, 18	15 149 PT PS	0
4 55	2				75	98	CERT	IFICA	TE OF DEA	ATH	1	Reg. Dist. No.	282
Page recta rd will	M		1. PLACE o. CO	OF DEATH	Wasses		440	YLAND	2. USUAL RESIDENC	-	lived. If institution: b COUNTY	Residence before	odmission)
15 C	LEC	/	h CIT	St	Mary s	ute write	c. LENGTH OF STAY			yland	St	Mary's	
funer funer old be		X	Rur	AL and give n	eorest lown) chanicsvi		C. LENGTH OF STAT		Rural M		ote limits, write RUR SVILLE	At one give near	est town)
urs offe		00	d. NA OR	ME OF HOSPI INSTITUTION	TAL (If not in hospito),	give street	oddress)		d. STREET ADDRE	\$\$			IS RESIDENCE ON A FARM? YES NO
A ho	,		3. NAME DECE	SED		rst	Middle	•	lost	4. DATE OF	Month	Day	Year
in 2 fifte ges			5. SEX	or print)	Minn	-			Raley	DEATH	July		19 56
with Parely Parely				ale	6. COLOR OR RACE	VIDOWI	IED NEVER MARR		DATE OF BIRTH	Arres	last birthday)		Hours Min
mple pers	2				ON (Give kind of work		to-day		JCT 29, IC	State or foreign on	8] yrs.	8 17	WHAT COUNTRY
iod iod		7	durin	g most of wor	KING lite, even it retired	3)	Home	OK 111003			,,,,,	U.S.	
be e	5			R'S NAME	-		110440		Mary 14. MOTHER'S MAIS			UeiQe	A.
ofe ician	5				James Haz	el			Eller	Evans			
phys may			15. WA\$ (Yes, no, or	DECEASED EVI	R IN U. S. ARMED FOI		SOCIAL SECURITY NO	D. 17. IN	FORMANT	1215410	Address		
ing ing	4	.)		NO			None		Clyde Ral	ev Med	hanicsv	ille. M	d.
final lend leos			18.	CAUSE OF DE	ATH [Enter only one c	ause per lin	ne for (a), (b), and (c)	-]	D			INTER	YAL BETWEEN
he al					ATH WAS CAUSED BY: IMMEDIATE CAUSE (	0)(0	Goran	any	Vanon	1 torin	_	3	THO DEATH
es that the set by the remit. The		/	Çoi	nditions, if c	mmediate	b)	aste	al	sclero	Lica	Vder	iau 2	2042
sign to a	=		COU	e (a), stating g couse last.	the under-								·
icial een onsi	B		7		HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(a) 19.	WAS AUTOPSY
e lo phys as b ial-tr	5		Š					_					PERFORMED?
ending ficate h				ACCIDENT WONTRIBUTING	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter nature of injur	ry in Port I or Port	II of item 18.)		
or att			20c. 1	Hour a. n.	Y Month, Day, Ye	While	Not white	20e, PLA foct	CE OF INJURY (Hame, ory, street, office bldg	form, 20f. (City alc/1)	or town)	(County)	(State)
Porta Para	5				at lattended the		17.40	1	1048	FILLY	15 156	hat the co	41 1
TEIDING OR: After eloched				e an	wy 13	192	1. 07	death	accurred at		the causes and my, city or town, sta	d on the date	the decease stated above
ined by DIRECT		No. of the last of		ATURE	follow	Z	uy he	12 N	1.0.	Jech	sully)	all ?	7/6/1
SHITAL STATE			NAM	E (Type)	J. ROY	50	4the-	v, /.	n-D.				
FUN FUN			BU.	AL, CREMATIC	7/18/56		St. Jos				ON (City, fown, or o	county) Marvlar	(State)
5 5 g	-				'S SIGNATURE		ADDRESS		240	REC'D BY REGISTR		AR'S SIGNATURE	
VS A15 (4) 15M 9/55		a	W.C	Larke	Mattingl	ey L	eonardto	wn, ]	Md. DATI	7/18/57	5 (llan	D. She	ruces
		,								// /	7		

EUMEAU V. L.

18 182e

SECEINE:

VS A15 (4) 15M 9/55

P.B.ROBINSON

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7599	CERTIFICA	TE OF DEATH	1	1757.98/ Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	a. STATE	here deceased lived If institution b. COUNTY	
St. Mary s  b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryla		St. Mary's
RURAL and give nearest town)	C. LENGTH OF STAFFIN IS		outside corporate limits, write RUR	AL and give nearest town]
St. Inigoes d. NAME OF HOSPITAL (If not in hospital, give street of	rideact	St. Inig	oes	e. IS RESIDENCE
OR INSTITUTION	1001033			ON A FARM?
None		Rural		AES NO []
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) Virginia  5. SEX   6. COLOR OR RACE   7. MARR.	Ruth	SMITH	DEATH July	5 1956
		B. DATE OF BIRTH	last birthday) A	Months Days Hours Min
Female White WIDOWE	444	25 April, 18		
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	SIRT 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR
Housewife  13. FATHER'S NAME	Domestic	Maryla		U.S.A.
		14 MOTHER'S MAIDEN I		
Richard M. Abell		Mary E.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give war or date of service]		chard Smith	Address:: St. Inigoes	
18. CAUSE OF DEATH [Enter only one cause profile PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  Canditions, if ony, which gave rise to immediate cause (a), stating the under lying cause last.  (c)	menaleyed	artin	· ulm	INTERVAL BETWEEN ONSET AND DEATH
6 Paπ II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	TIN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. js. 19 use of work	Not while for	CE OF INJURY (Home, form tary, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 12.5  ACTUAL SIGNATURE ATTENDED TO P. J. BEAN NAME (Type)	d from July, and that death	M.D. ,	/1 . 1	that I last saw the deceased on the date stated above  DATE SIGNE
(crane (type)	Inc. Marie Ar America			
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or o	
Burial 7 July 1956	Trinity Ceme		St. Mary's C	

LEONARDTOWN, MARYLAND

DATE 7 - 6-56

MADVIAND STATE DEPARTMENT OF HEALTH PALTIMODE 19

. A OMERIA

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1, PLACE OF D	1100			ŤI.			Reg Districted	
a. Coolait				2. USUAL RES	DENCE (Where dece	ased lived. If Institu b. COUNT	,	
h CITY OR !	ST. MARY		MARYLAND		MARYLAND		ST. MAL	
and give n	OWN (If outside corporate limits, with	He KURAL	c. LENGTH OF STAY IN 16	c, CITY OK	TOWN (If outside co		KUKAL and give n	eorest lawn)
d NAME OF	HOLLYWOOD HOSPITAL OR INSTITUTION	ets and in house		d. STREET	HOLLYWOOD			I - IF DEC DEL
			or, drae riteet agatess)	d. SIREEL A				ON A FAR
3. NAME OF	HIGHWAY # 23		DAT : 16	11	RURAL			YES NO
(Type or prin		nt S	ALOYSIUS	SOME	A DATE OF DEATH	D 022X	29 Day	Year 19 56
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	. DATE OF BIRTH		9, AGE (In years last birthday)	IF UNDER TYEAR	IF UNDER 24
MALI	COLORED	WIDOWED	DIVORCED [	29 APRII	L 1891	65 yrs.	Manths Days	Hours Min.
10a. USUAL OC	CUPATION (Give kind of work freeling)	dons 10b. KIN	ID OF BUSINESS OR INDUST	RY 11, BIRTHPL	ACE (State or fareign	country)	12. CITIZEN O	F WHAT COUN
	ERMAN		A FOOD	M	ARYLAND		US	
13. FATHER'S N	AME			14. MOTHER'S	MAIDEN NAME			
	JOHN SOM	ERVILLE		[A	LICE NEALE			
15. WAS DECE.	ASED EYER IN U. S. ARMED FO	ORCES? 16. SC	CIAL SECURITY NO. 17. II	NFORMANT		Address		
YES	andres de		1,15	BSTER S	MERVILLE-	LEONARDIY	OWN. Md.	
18. CAUSE	OF DEATH [Enter only one co	use per line fo	(a), (b), and (c).]				INTE	IVAL BETWEEN
PAR	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, <	SKOCK				1	7
gave rise ( (a), statio cause las	, ,	1 0			w. crus			O MILE ALITON
ICATIC	II, OTHER SIGNIFICANT CON							PERFORMED
20g. EXTER	AL CAUSE WAS ar CONTRIBUTING DEATH.	Str		wome	till			
CAUSE OF	F INJURY Month, Day, Ye	While	URY OCCURRED 20e. PLA	CE OF INJURY (F	fome, form, 20f. (Ci bldg., etc.)	ty or town)	(County)	(Sta
20c. TIME (	O. M. 7 19 19	56 at wark	Not while	ary, street, office	JY	allywoo	d de m	arus /
20c. TIME (	- 1 / 2 7 19		of work	Ghive	y VY	Inspection XI.	Inquiry K	and find
20c. TIME ( Hour / 30 / 30 / 21. 1 cer		e of the re	of work	vé, held an	Autopsy .	Inspection X, Indetermined c	Inquiry 🔀 ause 🔲.	arys /
20c. TIME ( Hour / 30 / 30 / 21. 1 cer	tify that I taak charge sulted from: Natural	e of the re	mains described abo	vé, held an cide ☐, H	Autapsy, omicide, L  EDICAL EXAMINER [	Indetermined c		
20c. TIME ( Moor) 21. 1 cer death re ACTUAL SIGNATURE EXAMINER NAME (Ty)	tify that I taak chargesulted from: Natural	causes []	mains described abo	vé, held an cide □, H  _M.D. CHIEF M _ASSISTAI	Autopsy [], omicide [], U	Indetermined c		
20c. TIME ( Moor) 21. 1 cer death re ACTUAL SIGNATURE EXAMINER NAME (Ty)	tify that I tack charges sulted from: Natural Natural ROY GUY	causes C	mains described abo Accident . Sui	ve, held an cide , H	Autopsy	Jndetermined c	ause [].	DATE SIGNED

10 EPUTY AMDITAL EXAMBLE: This certificate shauld be elecuted within 2% black death. If any delay is necessary, please executed by Sertificate, writing the ward "pending" in pending. In them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your to build, cremation, or remayal.

VS. A1SME(5) 5M 9/55

A Winnigh

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
	7601	Н	17581 Reg. Dist. No. 241								
	1. PLACE OF DEATH O. COUNTY ST. MARY'S	MARYLAND	2. USUAL RESIDENCE (VO. STATE MARYL	h COII	titution: Residence before admission)  NTY ST. MARY 5						
	b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town)  LEONAR DTOWN	write c. LENGTH OF STAY IN 16 29 days		f outside corporate limits, wr T MILLS	ts, write RURAL and give nearest tawn)						
1	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS	1 1144111	e. 15 RESIDENCE ON A FARM? YES P NO						
	3. NAME OF First DECEASED (Type or print) RODERTCK	Middle THOMAS	TENNISON	4. DATE OF DEATH JULY	Month Day Year 18 19 56						
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye last birthde	OF IF UNDER I YEAR IF UNDER 24 HRS						
1	10a USUAL OCCUPATION (Give kind of work dan during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR INDU		te ar foreign country)	12. CITIZEN OF WHAT COUNTRY						
1	FARMER  13. FATHER'S NAME	<u> FARM</u>	MARYLA  14. MOTHER'S MAIDEN		U.S. A.						
	GEORGE H	WILLIAMS Address									
NO NONE 210 16 24.29 BERTHAR TENNISON GREAT MILLS  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
1	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	INTERVAL BETWEEN									
	Conditions, if any, which ) (b)		. ,								
ŀ	gave rise to immediate cause (a), stating the under-lying cause lost.										
		IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FL						
	201. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Part I or Part II of item 16.	)						
	Haur a, fi,		ACE OF INJURY (Home, far ctory, street, office bldg., e		(County) (State)						
	21. I certify that I ottended the deceased from Nov 2, 1952, to July 19, 1956, that I lost saw the deceased										
olive on, ond that deoth occurred at M, from the couses and on the do											
	BEMAYINE	17 Men	M.D								
=	PHYSICIAN'S NAME (Type) P. F. BEAN  220. BURIAL, CREMATION, 122b. DATE THEREOF	M. D.			IARYLAND						
	REMOVAL SOCIETY 7/21/19		ACE	CREAT MILL	vn, or county) (State)  LS MARYLAND						
12	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES5	24- BC(	C'D BY BEGISTRAR 245 A	EQISTRAR'S SIGNATURES						

To A DESTRUCT

OFST PO TOP

See: Birth Cert. Item 8
CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed o. COUNTY 6. COUNTY O MARYLAND death. D.a b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) D offer d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRE e. IS RESIDENCE OR INSTITUTION ON A FARM? haurs YES NO NAME OF Middle Last 4. DATE Day Year DECEASED 24 OF (Type or print) Mages DEATH E within SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In ears IF UNDER I YEAR OF UNDER 24 HRS last by haday) Months Days Hours WIDOWED [ DIVORCED T papers. YES 100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDENLMAME COL physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (If yes, give wor or dates of service) tending edse 1B. CAUSE OF DEATH [Enter only one cause pending for (o), (b), and (c), INTERVAL BETWEEN ā ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (0) DUE TO that p H. any Conditions, if any, which signed gove rise to immediate per **DUE TO** couse (a), stating the underpuo lying couse last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removol. PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. ft. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that Lattended the deceased from that I last saw the deceased and that death odcurred at DiOLM, from the causes and on the date stated above. ADDRESS (Street/city or fown, state) DATE SIGNED ACTUAL 0 PHYSICIAN'S NAME (Type) FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7603 CERTIFICATE OF DEATH

17583 Reg. Dist. No.

3000			**	F	Reg. Dist. No	1.		
PLACE OF DEATH a. COUNTY ST. MARY'S	MARYLAND	2. USUAL RESIDENCE (V o. STATE MARYI		ed. If institution: b. COUNTY	Residence before	ore admission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  HOLLYWOOD	8YEARS							
d. NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENC ON A FARM YES \( \text{NO} \) NO							
NAME OF First DECEASED (Type or print) WTI_I_AM	EVANS TO	)BIN	4. DATE OF DEATH	Month	D.	ay Year		
THE A TO THE PARTY COME.		B. DATE OF BIRTH AUG. 16	1896	AGE (In years IF	Months Doys	R IF UNDER 24 HR Hours Min,		
o. USUAL OCCUPATION (Give kind of work dane to during most of working life, even if retired)  PRINTER	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stol		7)	12. CITIZEN C	OF WHAT COUNT		
FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
. WAS DECEASED EVER IN U. S. ARMED FORCES? ot. no. or unknown) (If yes, give wor or dotes of service) NONE:	370 3779	NFORMANT CON	INET I Y	Address HOT.T.Y		MD		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last.  CAUSE OF DEATH [Enter only one couse per DUE TO DUE TO  [C]	Multiples	relinos	is		ON	SET AND DEATH Scharges  Gran		
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE				IN PART 1(o)	PERFORMED? YES NO		
20c. TIME OF INJURY Month, Day, Year 20d Hour a. jr. Wh		ACE OF INJURY (Home, far ctory, street, affice bldg., e	rm, 20f. (City or te.)	own)	(County)	) (Stote		
21. I certify that justended the dece alive on	ased from June 1	occurred at			d on the da	aw the decease the stated about DATE SIGN		
PHYSICIAN'S P. I BEAN	M. DIM	GREAT	MTLLS	MAI	DVT AND			
PHYSICIAN'S NAME (Type)  D. BURLAL, CREMATION, REMOVAL (Specify)  P. T. BEAN  22b. DATE THEREOF	M. DM 22c. NAME OF CEMETERY O CEDAR HII	R CREMATORY	MTILLS	(City, town, or o	RYLAND county)	(Stole)		

BUREAU K. B. The section was not a section of